Using Webinar to enable a high volume of patients in primary care to engage with psychological treatment packages

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Our Experience – Last 4 Years

• It works – Vets, GP’s, Depression, Pain, Exam Stress, MBSR ++

• Doesn’t fit with IAPT – Why?

• We can engage well with group sizes of up to 500 individuals

• A more mindful, evidence based approach fits well with webinar
High volume low intensity interventions don’t fit well with IAPT measures

While there are good arguments for measuring clinical outcomes, there is surely also good cause to view some with a degree of ambivalence. While it might be politically expedient to trumpet a 50 per cent recovery rate for people who participate in brief national therapy programmes, do the bold statistics really tally with the complexities of living with mental health problems?
The current state of mental health

Mental health problems in the population:

One in ten children between the ages of 5 to 16 has a diagnosable mental health problem.

One in five mothers has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.

One in four adults experiences at least one diagnosable mental health problem in any given year.

One in five older people living in the community and 40 per cent of older people living in care homes are affected by depression.

Experiences of mental health care:

It is estimated that up to three quarters of people with mental health problems receive no support at all.

People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.

Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.

In a crisis, only 14% of adults surveyed felt they were provided with the right response.

“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services”.

Poor mental health can drive a 50% increase in physical care costs

Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway

Physical healthcare costs 50% higher for type 2 diabetics with poor MH

Additional costs due to increased hospital admissions and complications

Note: Does not include spend on prescribing psychiatric drugs and other mental health services
Source: Hex et al., 2012; APHD Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King’s Fund
Webinar groups fit well with the aims of the NHS 5 Year Forward View which highlighted the importance of prevention particularly with obesity, diabetes both of which have vital psychological considerations that need addressing for prevention to be effective. However, the promised radical upgrade in prevention has yet to be delivered. Webinar groups can be an important part of the solution.
So this is what I think works

• Using webinar to provide a service to people who struggle to access therapy

• A public health approach – wellbeing targeted webinars

• Niche webinars – where people share experiences / difficulties (LTC’s, work stress)

• Occupational webinars – (Vets, GP’s, Optometrists, Teachers)

• Pain ++++ Sleep+++++ Anger +++++++
So, we need help

This modality has huge potential

By 12.30pm a GP may have engaged with three people with debilitating but subclinical levels of anxiety, two people with problematic anger and five people with long term physical health conditions with accompanying low-level mood disturbance that was affecting their volition to self-care?

Now imagine that for all these people you were able to hand them a card with a digital passport onto an interactive webinar course designed to help them respond to their difficulties in a manner that would alleviate much of their distress?

This is entirely possible. Webinar sessions can be broadcast live to up to 300 people at a time. They work and are cost effective

Help?

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